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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/018,154 TRANSMITTAL Filing Date 04/080/2000 First Named Inventor **FORM** Kai Desinger Art Unit 3736 **Examiner Name** Charles Alan Marmor II (to be used for all correspondence after initial filing) Attorney Docket Number 2454 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC / (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request Check in the amount of \$460; and Return Request for Refund **Express Abandonment Request** Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BECK & TYSVER, P.L.L.C. Signature Printed name Stephanie J. James Date Reg. No. 34.437

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Fees pursyant to the Conso	olidated Appropri	ations Act, 2005 (H.R. 48	18). Application I	Number	10/018,154		
FEE II	KANS	SMITTAL	Filing Date		04/08/2000		
l Fe	or FY 2	005	First Named	Inventor	Kai Desinger		
L		·	Examiner Na	ame	Charles Alan Ma	rmor II	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3736		
TOTAL AMOUNT OF PA	YMENT (\$) 460.00	Attorney Do	cket No.	2454		
METHOD OF PAYME	NT (check a	l that apply)					
Check Credi	t Card	Money Order	None Othe	er (nlease ide	entify).		
Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 500246 Deposit Account Name: Beck & Tysver, P.L.L.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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1. BASIC FILING, SE	FILING		EARCH FEES	EXA	MINATION FEES		
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Plant	200		150	160	-		
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3. APPLICATION SIZE	•	o para for, ir groator triair s	.				
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<u>Total Sheets</u> - 100 =	Extra She		f each additional s	<u>50 or frácti</u>		(\$) Fee Paid (\$)	
4. OTHER FEE(S) Non-English Speci	fication. \$	 130 fee (no small en	ntity discount)			Fees Paid (\$)	
Other (e.g., late filing surcharge): Two month Extension of Time (large entity)						\$460	
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SUBMITTED BY				
Signature	Muchanie	James	Registration No. (Attorney/Agent) 34,437	Telephone 612-915-9633
Name (Print/Type)	Stephanie J. James	7		Date 4/15/08

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